

CHILD CARE AND DEVELOPMENT FUND ACF-696T FINANCIAL REPORT

Tribe:	Grant Year (FFY grant was awarded):	GDN:	Submission: [] Original [] Revised
Expenditure Period: 10/1/____		TO 9/30/____	

Cumulative Fiscal Year Totals										
	COLUMN (A) MANDATORY	COLUMN (B) DISCRETIONARY (Not including Base)	COLUMN (C) DISCRETIONARY	COLUMN (D) CONST. & MAJOR RENOVATION MANDATORY	COLUMN (E) CONST. & MAJOR RENOVATION DISCRETIONARY	COLUMN (F) DISCRETIONARY DISASTER RELIEF FUNDS	COLUMN (G) DISCRETIONARY DISASTER RELIEF FUNDS CONST. & MAJOR RENOVATION	Column (H) DISCRETIONARY CARES ACT FUNDS	Column (I) DISCRETIONARY CARES ACT FUNDS CONST. & MAJOR RENOVATION	
	Grant Document # CCDF	Grant Document # CCDD	Base Amount Grant Document #	Grant Document # CONT	Grant Document # CONT	Grant Document #	Grant Document # CCDY	Grant Document #	Grant Document #	
1. Federal Funds Awarded										
2. Transfer to Constructions / Renovation										
3. Total Funds Available										
4. Expenditures for Direct Child Care Services										
5. Expenditures for Child Care Administration										
6. Expenditures for Non-Direct Services										
7. Expenditures for Quality Activities (excluding infant and toddler quality activities reported on line 8)										
8. Expenditures for Infant/Toddler Quality Activities										
9. Expenditures for Construction / Major Renovation										
10. Total Federal Expenditures										
11. Total Federal Unliquidated obligations										
12. Total Federal Unobligated balance										

Reallotted Funds Please refer to reallotted funds information in the instructions. If available, does the Tribe request reallotted discretionary funds? [] YES [] NO IF THIS REPORT IS NOT RECEIVED WITHIN 90 DAYS AFTER THE END OF THE FISCAL YEAR in which the grant was awarded (12/29), THE TRIBE <u>WILL NOT</u> BE ELIGIBLE FOR REALLOTMENT.	
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Signatures This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief. This also certifies that the tribal lead agency has expended required funds in accordance with CCDF regulation.	
Signature: Tribal Official	Typed Name:
	Title:
	Agency Name:
Date Submitted:	Phone #:
Form: ACF - 696T	

APPROVED OMB CONTROL NO. 0970-0510 EXPIRATION DATE: XXXXX	THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
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